Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION (X3) DATE COMP		SURVEY LETED
		IL6014682	B. WING		04/1	1/2025
NAME OF PROVIDER OR SUPPLIER WARREN BARR ORI AND DARK 14601 SOU			DDRESS, CITY, STATE, ZIP CODE DUTH JOHN HUMPHREY DR PARK, IL 60462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE	
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	300.615 e)					
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)					
	This requirement w	vas NOT met as evidenced by:				
		and record review, the facility t background checks within 24 ion.				
		of 10 residents (R333, R230, , R380, R336, R337, R338 & of 33.				
	The findings include	e:				
	On 04/10/24 at 12:2	25 PM, V28 (Admission's				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 05/05/25

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TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY PLETED	
		IL6014682	B. WING		04/1	1/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
WARREI	N BARR ORLAND PAR	₹K	UTH JOHN H PARK, IL 60	IUMPHREY DR 462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	JLD BE COMPLET		
S9999	Continued From page 1		S9999				
	Director) and the State Surveyor were conducting record reviews for residents' background checks. The records showed:						
	CHIRP (Criminal H Process) search wa the Illinois Sex Offe done on 03/27/25.	ed on 04/07/25 and the istory Information Response as completed on 04/07/25, and ender Registry search was The was no documentation searched the Illinois rections.					
	2. R230 was admitted on 04/05/25, the CHIRP was done on 04/06/25, and the Illinois Sex Offender Registry search was done on 04/04/25. The was no documentation showing the facility searched the Illinois Department of Corrections.						
	CHIRP was comple Illinois Sex Offende on 04/08/25. The w	ted on 04/09/25 and the sted on 04/09/25, and the er Registry search was done as no documentation showing d the Illinois Department of					
	CHIRP was comple Illinois Sex Offende on 03/28/25. The w	ted on 04/06/25 and the sted on 04/06/25, and the er Registry search was done as no documentation showing d the Illinois Department of					
	CHIRP was comple Illinois Sex Offende on 03/27/25. The w	ted on 04/07/25 and the sted on 04/04/25, and the er Registry search was done has no documentation showing d the Illinois Department of					
	6 R380 was admitt	ed on 04/04/25 and the					

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
IL6014682 B. WING	04/11/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WARREN BARR ORLAND PARK 14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLÉTE THE APPROPRIATE DATE
Sepsential Seppential Seppential Seppential Seppential Seppential Seppential Seppential Seppential Seppential	

Illinois Department of Public Health

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Illinois Department of Public Health								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
IL6014682		IL6014682	B. WING		04/11/2025			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DDRESS, CITY, STATE, ZIP CODE					
WARREN	N BARR ORLAND PAF	RK .	UTH JOHN H PARK, IL 60	HUMPHREY DR 462				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE		
\$9999	know if the inmate is Department of Corr not know what date because the docum information. V28 sallook up within 24 ho Illinois Department Sex Offender Regis admission. V28 said be done until 24 ho said it is necessary safety reasons. V28 are to be done to go on the resident. V28 facility to run the bar residents are admit. The facility's Resided date 8/19/24, show comply with the starbackground checks procedures show wo faresident, the fahistory background Uniform Conviction 18 or older seeking unless the background to the procedures show to for the individual's roffender Registry wo Department of Corr	search was a Illinois rections search, and she did the searches were done, nentation did not show that aid the facility does the CHIRP ours of admission, and the of Correction, and the Illinois stry are done prior to the d the searches do not have to urs after the admission. V28 to do background checks for 3 said the background checks set the most current information 8 said it is the practice of the ackground checks before the ted to the facility. The Background Check policy, and it is the facility's policy to the sequirement for sof residents. The policy within 24 hours after admission cility shall request a criminal check pursuant to the Information Act for all persons admission to the facility, and check was initiated by a so the hospital licensing act. Ow that the facility shall check name on the Illinois Sex website and the Illinois rections Sex Registrant search of the individual is listed as a	S9999					

Illinois Department of Public Health STATE FORM

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